

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2	/								
3	/								
4	/								
5	3								
6	3								
7	3								
8	3								
9	3								
10	3								
11	3								
12	3								
13	①								
14	①								
15	①								
16	①								
17	①								
18	①								
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32	①								
33	①								
34	①								
35	①								
36	①								
37	①								
38	①								
39	3								
40	3								
41	2								
42	3								
43	3								
44	3								
45	3								
46	3								
47	3								
48	3								
49	3								
50	3								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS